|   | n                        |                           |   |   |                             |
|---|--------------------------|---------------------------|---|---|-----------------------------|
| Attach to your California tax retur<br>Name(s) as shown on your California                              |                          |                           |   | ☐ SSN or ITIN ☐ C                         | orporation no.  ☐ FEIN      |
|   |                          |                           |   |   |                             |
|   |                          |                           |   | Secretary of State (S                     | OS) file number             |
| General nature of business  |                          |                           |   |   |                             |
|   |                          | £ind a allution and all   | facility to extend in Oalifamilia as    |   |                             |
| Complete this form to elect to amo ${\sf This}$ election applies to: $\;\;\; \square \;\; {\sf Air}$ po |                          | •                         | facility located in Galifornia ov       | er a 60-month period.                     |                             |
| The amortization to begin with the:   |                          |                           | lation Voar following acq               | uicition or completion                    |                             |
| Complete Part I and Part II, and get  |                          |                           | ietion i real following acq             | distribit of completion                   |                             |
| Part I Pollution Control Facilit  |                          |                           |   |   |                             |
| Date purchased or construction completed  | Useful life of facility  | Is facility in operation? | If "Yes," date facility was placed in o | peration If "No," date facility operation | is expected to be placed in |
|   |                          | □Yes □No                  |   |   |                             |
| Is facility an addition to existing facility?   | Is this a new facility?  | Total cost                |   | Amortization (monthly)                    |                             |
| □Yes □No  | □Yes □No                 | \$                        |   | \$  |                             |
| Part II Description of Facility   | and/or Components        |                           |   |   |                             |
| (Include trade or technical name, n   | ,                        | ,                         |   |   |                             |
|   |                          |                           |   | <b>5</b>                                  |                             |
| certify to the best of my knowledg  | je and belief that the a | bové information is tr    | ue and correct.                         | <b>5</b>                                  |                             |
| I certify to the best of my knowledg  | je and belief that the a | bové information is tr    | ue and correct.                         | Date                                      |                             |

Date

Signature and title

Comments